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## ORIGINAL DEPARTMENT.

### Communications.

#### THE "CALENTURA," CONGESTIVE FEVER OF NICARAGUA, IN ITS RELATIONS TO YELLOW FEVER.

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Surgeon U. S. Navy.

(Continued from p. 396.)

As another illustration regarding change of climate in its disposition to develop malarial disease, I may mention that during the war, in 1862, an U. S. Naval Hospital was located at Pilot Town, which is situated, as one might say, upon a round lump near the head of the passes at the mouth of the Mississippi river, where it was under charge of Surgeon P. S. WALES, U. S. N. In September of that year, the hospital, with steward, attendants, and nurses, was moved to Pensacola. There was in this, at this time of the year, a decided change of locality and climate, and every person who had been connected with the Pilot Town establishment was taken down with the fever; while during their whole period of duty at the latter place they escaped the disease altogether.

In regard to the *post mortem* appearances of the "calentura," the most prominent pathological change was softening of the tissues of the heart. This organ was so degenerated as to become friable. Its structures were as easily broken down, in a patient who had been sick but five days, as if it were a piece of boiled beet. The liver was mottled on its surface and double its usual size, weighing from six to eight pounds. The hepatic structure was softened as in yellow fever, and the hepatic cells engorged. The blood was fluid, and found in left side of the heart and large bloodvessels. No coagulation occurred upon

exposure three hours after death. The stomach presented the aspect of reddened points and patches on its inner surface, upon scraping away a quantity of blackened mucus. The brain was not examined, in consequence of the preparations, which were always hastened for interment. The kidneys were enlarged, the medullary substance changed in color, but not apparent softening.

The whole violence of the disease seems to have been experienced upon these viscera, affecting their integrity in the order of enumeration, viz., heart, liver, brain (?), stomach, spleen, kidneys, and lower intestines. The lungs seemed to retain their normal condition, except some bloody effusion into the bronchia. Pieces floated upon being thrown into water.

The natural history of the symptoms of the disease, for practical purposes, may be gathered from a summary of three classes of cases. I will, therefore, select a typical case to illustrate each one of the following classes, viz.

1. Natural history of the disease, under treatment, with a tendency to death.
2. Natural history of the disease when the bowels refused to respond to the exhibition of mercurial cathartics.
3. Natural history of the disease, under treatment, when the pyrexial condition was more decided.

#### TYPE 1.—*Natural History of the Disease, under Treatment, with a Tendency to Death.*

J. M. D. R., æt. 27, of rather delicate constitution, inferior stature and development, was admitted July 9, among the first cases, with pains in the head, and nausea and vomiting. Disease had appeared twenty-four hours before, but no treatment was made use of, supposing the discomfort would pass without becoming worse. As usual during nausea and retching, the head was bathed in cold perspiration. Temperature of body 95° Fahr.

Pulse 70, feeble, and thready. Prescribed mercurial cathartic and quinia sulph., gr. x., ter die. The bowels were not opened by cathartic; repeated dose of calomel and colocy. ex. comp., aa gr. x.

July 10. Bowels opened this morning, but discharges colliquative, and not at all indicating a secretion from the liver. Complains of tenderness and pains in the hepatic region. Repeat quinia sulph., gr. x., this morning. Sleepless at night; skin cool, and delirious at times.

July 11. Nausea continues; skin cool and moist. Temperature 90° Fahr. Apply external stimulation. Stomach rejects everything, and quinia not tolerated. Use aqua crenat., f. 3j., as required, which relieved the nausea to some extent.

July 12. Still delirious and nauseated. Very feeble, and unable to raise his head from the pillow, on account of producing obscurity of vision, or as the patient tersely expressed it, "everything looks black." Constantly plied with stimulants, internal and external. Milk punch at times rejected. No satisfactory movement of the bowels, and evidently suffering from continuous congestion. Subsultus tendinum and other evidences of seriously disordered nervous action. Applied large blister to epigastrium, and sinapisms to extremities. Applied quiniæ sulph., gr. lx., dissolved in glycerine, to the blistered surface. Tenesmus over stomach less marked; but the sensorial insensibility is exhibited by extreme dulness, and when roused, by delirium, which may account for it. Made use of a large enema of warm oil and salt, with a view of obtaining a fecal discharge, but produced no fecal discharge. Pulse 65, and under.

July 13. Delirious all night; eyes injected and yellow. Has had no febrile action. Head hot, and extremities cold and cannot be warmed without difficulty. Upon producing an impression sufficient to elicit notice, he replied to direct questions. Continue the hyd. chlor. mite and pulv. opii in divided doses, which was commenced yesterday morning. Weaker; pulse irregular and indistinct. Tongue bleeding, and has assumed the

cracked, toast-bread aspect. Some of the bleeding from the mouth, apparently from the mouth apparently from the lungs, as it was of a bright-red color. Sordes thickly incrustated on the teeth. From this a gradual failure, and in a few hours death ensued.

*Remarks.* Before death, consciousness seemed to revive. The patient spoke in regard to the disposition to be made of his body and effects. There were other lucid intervals in his delirium, but his last moments were certainly quite as free from perturbation as during any other period of the disease after cerebral complication.

Throughout the disease, in this case, there was a decided resistance to the action of medicine, and it pursued its course regardless of remedial. Duration of disease five days.

TYPE 2.—*Natural History of the Disease when the Bowels refused to respond to the Action of Mercurial Cathartics.*

C. C. M., corporal of marines, æt. 37, was admitted August 1st, with some febrile action, having suffered twenty-four hours before admission. Chill seems to have yielded to the reaction; skin hot and dry (calor mordicus). July 31st, took the following: R. Colocy. ex. comp., gr. x., calomel, gr. xv. The morning of admission, took twenty grains of sulphate of quinia. Through the day prescribed arom. spts. nitros. to quiet arterial excitement. Latter suspended from sudden disappearance of the febrile action. Tongue covered with dark coating. Pulse is evincing 78, and full.

August 2. Nausea during the night, but took arrowroot and wine. Bowels have not responded to the exhibition of cathartic. R. Hyd. chlor. miti, gr. j., opii pulv., gr. ʒ every two hours, with a view of producing the mercurial impression. Mind dull; tongue more darkly coated and swollen. The characteristic convulsive twitching of upper lip more or less constant. The latter symptom a grave indication of cerebral congestion. Repeat cathartic of calomel and oil in combination, assisted by large enemata. Slight movement, but unsatisfactory; probably nothing more than the injected fluid.

Aug. 3. Eyes injected and red; mind wandering and dull. Slight hemorrhage from

mouth. Continue mercurial in divided doses.

Aug. 4. Aloe and calomel,  $\bar{a}\bar{a}$  gr. x., given last night, assisted by large enema, but no movement of the bowels. Sordes upon the teeth, and hemorrhage from the mouth. Nausea and vomiting excessive all night. Large mustard poultice applied continuously to the bowels. Use the creasote water as occasion requires. Repeated the quinia in twenty-grain doses. Skin cool; pulse 70. Mind wandering; violent delirium and congestive symptoms continue. Milk punch every two hours, day and night, as the stomach tolerates it.

Aug. 5. One small black discharge last night, but followed by no relief of the symptoms. Hemorrhage from the lungs and mouth at frequent intervals. Blood bright-red and coughed up in large mouthfuls. Delirious and unconscious. Tendency to death very decided. Died in the evening, and sick five days.

*Remarks.* But one passage from his bowels during the disease, and that not at all satisfactory. No response whatever to medicine exhibited. No reaction during disease which evinced sufficiency of vital power. Objective symptoms resembled yellow fever, except the bright color of the blood, and in being coughed up from the lungs, instead of a true black hæmatemesis. This case resembled some others in which recovery was complete, although during the first two days, in the latter, there was the most obstinate constipation of the bowels. In those where the cathartic medicine produced a passage, there were most copious watery evacuations, and required astringents and opiates for their arrest. The chalk mixture did all that could be desired.

TYPE 3.—*Natural History of the Disease under treatment, when the Pyrexial condition was more marked.*

H. M., æt. 36, was attacked, June 29, with cramps in bowels, and fever in the evening. Bowels irregular. Tongue furred, and pains in the head. Disease supposed to have been developed by exposure to rain at Corinto, Nicaragua. Took mercurial cathartic. R. Quinia sulph., gr. xx. during the morning. This is the second case of fever.

July 1. Some fever last evening. R. Quinia sulph., gr. xv. during this morning.

July 4. Convalescent. Bowels opened yesterday by ol. ricini. Tongue has a thick coating of a yellowish color. Taking arrow-root and port wine, and tr. chloride of iron, gtt. x. ter die. Liver enlarged and protuberant.

July 8. Was discharged, with some debility remaining, but good appetite.

July 20. Patient was re-admitted, under a relapse of the fever. Fever began about 4, P. M. Until the fever made its appearance in the evening, an uneasy nervous condition existed, exhibited by twitchings of the voluntary muscles.

July 23. Tongue coated. Bowels moved by ol. ricini, and taking the cit. of quinia and iron. Takes an extra amount of quinia in the morning to prevent a return of the disease. Liver enlarged, and complains of a "hard lump" in this region, which is tender upon pressure.

July 25. No appetite; tongue coated with a dark fur. R. Calomel, gr. j., opii pulv., gr.  $\frac{1}{2}$ , quinia sulph., gr. iij. every three hours.

July 28. Feels stronger. Omit powders and taking the cit. quinia and iron, gr. x., ter die, with chicken broth and milk punch. Complains of flatulence and tenderness about præcordiæ. Bowels open daily.

Aug. 1. Pain in abdomen changed to the kidneys, whose secretion is arrested. Use following diuretic solution, R. Soda et potassa tart.,  $\mathfrak{ss}$ , aqua, f  $\mathfrak{z}$ iv., ter die. Passed urine at first of a very dark tint, almost the color of porter, and this changed to a yellowish color, and albuminous, with an excess of urates. Traces of bile were afterward discovered.

Aug. 2. Decided return of fever last evening. Second relapse during the course of the disease. This return at the end of nine days. R. Quiniæ sulph., gr. xv. ter die.

Aug. 3. Improved. Milk punch and beef-tea diet in liberal quantities. R. Cit. quinia and iron, gr. x., ter die.

Aug. 10. To-day discharged from the list, with some debility remaining, and renal pains at times. Treatment completed by use of quinia.

nine and whisky. Secretions free, and appetite good.

In the above three characters of this disease, it will be observed that the first two somewhat resemble each other. There was no intermission in the symptoms of these, and they continued without reaction until the fatal termination. In the third type, the malaria seemed to be unable to cope with the natural vitality of the patient, and in this more equal battle the remissions were well marked during the day, and only recurred at night or in the evening. There seemed to be no inflammatory action in any of the cases, but a violent engorgement of some one of the vital organs, viz., first in the liver, stomach, and spleen; and second in the sensorium and nervous centres.

It has been remarked that in some cases there was an effort of nature to bring about a febrile action. Not only was this true, but it occurred at marked and regular intervals, and in not a few instances, I believe, life was saved by taking advantage of these indications. Large enemas of quinia sulph. were administered after the following. R. Quinise sulph., ʒij., glycerine, f.ʒj., ol. olivæ, f.ʒij., which given at once was retained. The quinia is completely dissolved by the glycerine. The febrile effort was sustained by this method. As is easily understood, in an acute disease so rapid in its course, so soon as the vital force regained wonted tone by temporarily neutralizing the poison, the course of the disease was directed according to circumstances, but usually by large doses of whisky, frequently repeated.

After apparent recovery, and an interval had elapsed of from seven to nine days, there were some twenty of the cases which relapsed, exhibiting a mild remittent fever in which there was much nausea with other febrile symptoms, and great enlargement of the liver which the patients all referred to as a "bunch." These symptoms were relieved by a dose or two of pil. hydrg. or hydrg. cum creta, and subsequently the use of small doses of quinia, or cit. of quinine.

As the disease ran on to a fatal termination, it might be said in its continuous collapse

to resemble the subintransitis febris of Bellini, in which it was said there was no perceptible interval in the paroxysm. It may be said also, that in the presence of this concentrated malarial poison, and through the influence of continuous terrestrial heat, there is a diseased condition established in which the vital powers follow the increments of heat, and being violently assailed, the usual periodical increase and outline of symptoms are not observable.

Supposing habit, and more particularly the change from night temperature to that of day, to influence periodicity in malarial fever, we might expect what is really the case, that with a continuous temperature night and day of from 90° to 95°, the febrile action does not display its remittent character to any extent. A fall of the thermometer below 85° or even 90, if the range has reached between 95° and 100° Fah., will in this disease as in yellow fever, so called, produce the collapse. In the latter condition we are able to discover a tendency to febrile action in certain cases in the evening or at night. When this does not occur, the sufferings of the patient are most painful to witness, attended with tetanic spasms and loud groans for help. No cases recovered when the vitality was unable to respond to this last effort of nature. All know the universal tendency of yellow fever patients to die at night. That they seldom die at any other time, in addition to the effect of cooler atmosphere, I firmly believe is owing to this grand effort of nature to establish the febrile action and exhaustive failure. In this respect the fatal cases of our endemic were similar to yellow fever.

It will be inferred from what has been written, that I have no regard for acknowledged distinctions in zymotic fevers. For the student it is highly proper that diseases should be named, and exact knowledge of grades could not be obtained without these distinctions. It is useless to dispute that this fever does not in almost as many respects resemble yellow, as pernicious fever; in fact, there is not a single symptom in the former, which cannot find its strong resemblance as shown in this endemic.

It may be said that the stores received on

board from Panama in June, made this an epidemic of yellow fever indeed. Yet it is not true that all were not affected alike, and the mortality was but a third of what we might expect in which is known as severe yellow fever. If this was malarial fever, the objective symptoms and post-mortem appearances were strangely similar to yellow fever. If this was yellow fever, the disease was most intimately associated with its class, the bilious remittent and congestive fever.

A more careful analysis of this practical subject will warrant me in extending a little the contemplated limits of this article. It is necessary to observe that this is what was called the yellow fever throughout Nicaragua, and was very fatal. It was epidemic in the usual acceptation of that term, somewhat illy defined for practical purposes, except in contradistinction to contagion. The black vomit was substituted by copious expectoration of bright red blood. It is true that being a native of Nicaragua did not protect them from suffering and death, and it is equally true that the disease was remittent in its character to a certain extent. Can it not be that this is a gradation of fever and an intermediate point between undoubted yellow fever and severe congestive malarial fever? The symptoms of the disease, relation of the ship to the surrounding country at the time of the outbreak, the post-mortem appearances, and the employment of quinia so successfully in arresting the symptoms when called in time, induce me to believe that the diseases have the same paludal cause, influenced by different agencies, atmospheric and putrescent, directing the intensity of the various grades.

All the characters of epidemic and malarious fever have certain points of resemblance as every experienced physician knows, and are all grouped under the common generic *fever*, only to demonstrate for the millionth time the embarrassing difficulties of the great subject, as remarked by Dr. J. R. MARTIN. I believe we have some coloring of the yellow fever in this epidemic and that this history can be fairly taken in evidence that the outbreaks of yellow fever can be considered nothing more than intensified malarial fever,

where the poison has been lodged on suitable soil, and which spreads away from its origin, supported by terrestrial heat, of not less than 90° Fah. In my experience it may be generated and spread less extensively, with a temperature of 85° Fah.

This doctrine is not peculiar, but all of the medical officers of both the U. S. Navy and the British Navy, of any experience, with whom I have conversed on the subject, hold the same opinion. We may go back to the valuable experience of WILLIAM FERGUSON as long ago as 1796, who in writing, regarding the expedition to St. Domingo, "as one of the survivors of that war" says:—"Our headquarters were the town and its adjunct Brizoton, as pestiferous as any in the world; and here we had constant yellow fever in all its fury. At a distance of a mile or two on the ascent up the country stood our first post of Torgeau, where the yellow fever appeared to break off into a mild type of remittent. Higher up was the post of Grenier, where concentrated yellow fever was rare and milder, intermittent with dysentery prevailed; and higher still Fourmier, when remittent was unknown, intermittent uncommon, but phagedenic ulcers so frequent, as to constitute a most formidable type of disease, and higher still were the mountains above L'Ackahaye of greater elevation than any of them, far off, but within sight of what was called the Bight of Leogane, where a British detachment had always enjoyed absolute European health, only it might be called better, because the climate was more agreeable than in higher latitudes."

The opinion above expressed is also that of FRANK. Yellow fever being called continued, the reduced temperature of the body, etc., may be considered as the effect of one prolonged paroxysm, while we witness in the milder form, the remittent character, but in which the diminished danger consists in the reduction of the sharp paroxysm to the shortest period of time. We must not disregard the truth which has also been drawn from large experience that highly congestive remittent fever, among patients or persons closely crowded, where ventilation is insuffi-

cient and cleanliness is neglected, (as may happen on board ship, in garrisons or prisons,) may become so changed in its character as to become epidemic. From a continued recurrence of the disease we probably have a specific poison produced. Dr. Alison remarks, regarding the identity of cause producing yellow and pernicious fever, that "we should have some difficulty in believing that mild scarlatina simplex had any alliance with the malignant sore throat with little or no eruption, if repeated observation had not demonstrated the transition stages." And also "what more unlike, than the mild quotidian, and the pernicious intermittent which kills in a single paroxysm?"

The foregoing facts we lay before the profession, not for the purpose of breaking down established landmarks or reviving past controversy, but to understand and be fully understood by those whose experience will allow them to reflect; to contribute a record obtained from observation made among masses of men among whom I lived, and with whose habits I was perfectly familiar; to declare after careful reflection and not a little experience in these malignant fevers, that yellow fever is no more or less than intensified malarial poison acted on by some existing septicæmia, which exists at the point of origin, and is capable of developing the malarial poison into a malignant epidemic. It seems to me this can do no violence to any nosological arrangement. For us to accept a common cause for them would require no change of name for an unnamed poison, and the medical world might be benefitted by not being misled by names.

#### Hæmorrhage after Extraction of Teeth.

A correspondent of the *Lancet* writes, "troublesome hæmorrhage sometimes follows the extraction of a tooth. A case of this kind occurred a short time ago, in which bleeding continued for six or seven hours, until it was stopped by the following treatment, the effect of which is immediate and permanent, and gives no pain. I have treated five cases in the same manner:—Softened a bit of white wax, and mould it into a conical shape about an inch long, and press it into the cavity, at first lightly, and then very firmly, so as to fill it. Cover this with a thick pad of lint, to retain it in its place, and bind the jaws together for a few hours with some kind of bandage."

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE,  
Philad., Sept. 12th, 1868.

SURGICAL CLINIC OF S. W. GROSS, M. D.

Reported by Dr. Napheys.

### Torticollis.

Mary Q., æt. 16, presents herself on account of a peculiar distortion of the head and neck, due to spastic contraction or shortening of some of the cervical muscles, particularly the sterno-mastoid and splenius, through which the head is twisted over to the corresponding side, and the chin thrown in the opposite direction. This condition is known as torticollis, caput obstipium, or simply wry-neck.

The head inclines strongly to the right side; the occiput is drawn toward the shoulder, while the chin projects upward and forward toward the opposite side. The neck is markedly concave on the right side, while it is proportionably convex on the left. The head is immovably fixed, so that the patient is obliged to turn her whole body whenever she desires to look at any object not directly in front of her. The sterno-cleido-mastoid muscle, in particular, is much shortened, rigid, indurated and diminished in size, and stands out in bold relief, both its sternal and clavicular origins being equally involved. In fact, structural changes have taken place, through which its fibres have undergone fibro-fatty degeneration. The corresponding side of the face is not nearly so well developed as the sound side, its proper nutrition having been interfered with, giving rise to a very disagreeable expression, on which account she is twitted by her companions, forcing her to apply for surgical relief.

Inasmuch as the affection has existed for sixteen years, it cannot be due to the action of a single muscle, so that other factors must play an important part in the mechanism of the deformity. If the sterno-cleido-mastoid muscle were alone involved, the head would be merely flexed toward the same side, but as the occiput is drawn toward the corresponding shoulder, and is rotated upon the atlas, so as to carry the chin upward and far beyond the middle line toward the opposite side, it is obvious that the splenius and trapezius, but principally the former muscle, must combine with the sterno-mastoid to produce the trouble. The affected side of the neck being concave, while the sound side is convex, there is every reason to suppose that the malposition is kept up by the contraction of the scaleni muscles,

which, acting from below, draw down the transverse processes of the cervical vertebræ, thereby increasing lateral flexion of that portion of the spinal column.

Were it possible to make a dissection of this neck, it would be found that not only the foregoing muscles, but the integuments, the platysma, the deep cervical fascia, and the ligaments, were permanently shortened, and, what is of more importance in the treatment, the relations of the articular surfaces of the vertebræ were altered, in fact, rotated upon themselves. In these respects, wry-neck offers a striking resemblance to talipes varus or valgus, in either of which affections there is not only contraction of certain muscles and fasciæ, but the tarsal bones are rotated upon their axes.

The trouble in the present case may be traced to a vicious position of the head. At the age of nine months, Mary was affected with painful enlargement of the lymphatic glands beneath the sterno-mastoid muscle. In order that pressure might be removed from these glands, she flexed her head to the right, and in this way a bad habit was acquired, which gradually and imperceptibly increased until structural changes took place in the muscles. In the same way, the existence of an aneurismal tumor, which displaced the sterno-mastoid muscle, produced the affection in Eliza H., who was presented at the last clinic.

Wry-neck may be congenital, but in the vast majority of instances it is an acquired affection, and each case must be studied and treated with special reference to its causation. It may, and often does arise from rheumatism, in which event the subcutaneous injection of a minute quantity of sulphate of atropia, as practised by Dr. Da Costa at the Pennsylvania Hospital, holds out excellent prospects of success. Dr. GROSS is aware of one case of this nature, in which two applications of the galvanic battery resulted in cure. The electric current, when combined with other appropriate measures, will also be found useful when the affection is of paralytic origin. In strumous inflammation of the cervical vertebræ or Potts' disease, wry-neck is merely a symptom, and the treatment must be addressed to the spinal trouble.

In order to remedy the distortion in the present instance, the sterno-cleido-mastoid muscle will be divided subcutaneously, and an apparatus at once applied, to prevent the cut ends of the muscle from re-uniting, as well as to overcome the shortening of the associated ligaments, fasciæ and muscles. This apparatus will be worn for many months, the great object in its applica-

tion being to act upon the changed relations of the articular surfaces of the affected vertebræ. In a case of such long standing, tenotomy must precede the mechanical treatment, since the structural changes which have taken place in the muscles and other soft tissues are of such a nature that they cannot be overcome by any form of extending apparatus. Then, too, the subcutaneous division of the shortened structures greatly facilitates the cure, and an operation which requires only a few seconds for its performance, at once effects what months of mechanical treatment could not possibly bring about.

The sterno-mastoid muscle was divided subcutaneously about three quarters of an inch above the sterno-clavicular articulation. The clavicular origin of the muscle was next cut, it being deemed advisable to divide the two origins separately, as they lie in different planes. In this way, the plexus of veins seated immediately beneath the muscle are best avoided. The operation is one of great simplicity, the only important structure which is at all endangered, being the external jugular vein, as it lies along the outer border of the muscle. This may always be avoided by the exercise of a little care. In addition, several resisting, shortened bands of the deep cervical fascia were divided. The apparatus being now applied, very great improvement was at once manifest.

#### Sanguineous Tumor of the Scalp.

This child, æt. two years, has a swelling, the size of a pigeon's egg, over the left frontal boss, about an inch above the eye brow. It is a soft, circumscribed, and somewhat conical tumor, which made its appearance immediately after a fall upon the pavement, in which the forehead was struck, three weeks ago. There is fluctuation and a slight brownish discoloration of the skin, but no pain nor any præternatural heat.

Judging from the history and appearance of the case, there is no doubt but that this is a bloody or sanguineous tumor. Blood may be effused, either in the subcutaneous areolar tissue, beneath the tendon of the occipito-frontalis muscle, or between the pericranium and the bone. When met with in the last situation in children in contact with the bone, the tumor occurs as a congenital affection, known under the name of cephalæmatoma. It is produced by the passage of the child's head through the soft parts of the mother in parturition. In such cases the blood is occasionally effused over the whole scalp, giving the idea of hydrocephalus.

In this instance, the blood is seated in the loose cellular tissue beneath the epicranial apo-

neurosis. It is not an arterial tumor, as it is not the seat of any pulsations.

Such tumors will, as a rule, disappear without any operation, under the influence of some sorbefacient lotion. The following was ordered.

R. Ammonia muriatis, ʒj.

Aceti,

Aquæ,

aa f.ʒvj. M.

to be applied constantly on a piece of soft muslin, linen or flannel.

Sometimes, however, the blood is not absorbed, and the cellular tissue immediately around becomes condensed and forms a cyst. In that case the proper treatment is to introduce a tenotome, or delicate abscess knife, and let out the fluid blood, afterwards making use of compression to approximate the sides of the sac. The blood in these tumors generally coagulates rapidly, and is absorbed in the same way as apoplectic clots; first the watery portions, and then the red corpuscles disappear, and the fibrin contracts.

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

Subject for Discussion:—PUERPERAL CONVULSIONS.

A conversational meeting of the Society was held at the Hall of the College of Physicians, on Wednesday evening, October 14th, 1868, Dr. HAMILTON, President, in the chair.

Dr. WM. B. ATKINSON, in his introductory remarks on the subject for discussion—Puerperal Convulsions—said:

The disease which has been selected for discussion this evening will ever remain one of absorbing interest, not only to the obstetrician, but to every humanitarian, inasmuch as it is eminently prone to attack those dearest to us at the most interesting moment of their existence. In any form, or at any time, a convulsive attack brings terror to all who witness it, but here it is doubly terrific, imperilling, as it does, the lives of two, and being extremely liable to destroy, or at least materially impair the mind of one to whom, it may be, many look for guidance and tender care.

The true puerperal convulsions may attack the pregnant female at any time after the sixth month from conception, during parturition, and even some time after delivery has been fully accomplished. LEE denies that it ever occurs prior to

the sixth month, regarding these spasmodic attacks, which are occasionally observed at an earlier period, as merely hysterical.

It is most frequently encountered about the inception of labor, when the patient, especially if a primipara, is entering upon a scene which her imagination too often peoples with unknown horrors. The age most liable, according to BEDFORD, is between seventeen and thirty-five.

The causes, or at least those supposed to be active in promoting an attack, are various, and may be treated of as predisposing and exciting. It is a well known physiological fact, that the nervous system of the pregnant female is vastly increased in its susceptibility; whatever then tends to depress the mental faculties, or to arouse them to a high state of excitement, is calculated to induce that condition of the brain and its appendages, resulting in convulsions. Hence, we find that those who approach delivery under adverse circumstances, where the offspring is the result of illicit intercourse, etc., become, in a majority of instances, the prey of nervous trouble, ending with a spasmodic attack. Perhaps the most potent predisposing cause, which in fact by many authors is regarded as ever present in the true form of puerperal convulsions, is the presence in the blood of poisonous matter, producing the condition of toxæmia, more generally known as uræmia. From this state is obtained the name of "Uræmic Eclampsia." Those who deny the inseparability of albuminuria and eclampsia, prefer the name of "puerperal eclampsia." CARL BRAUN, alluding to the presence of blood-poisoning says: "We are far from denying that the most different causes may, during pregnancy as well as out of it, produce phenomena closely resembling those of uræmic eclampsia, but after a careful examination of literary and statistical observations by myself and others, I think I am entitled to maintain my assertion, that as a rule, *eclampsia vera puerperalis* is found intimately connected with *diabetes albuminosis*."

SCANZONI alludes to FRERICHS as saying that the "true *eclampsia parturientium* is only produced in those females presenting disease of the kidneys, and he attributes to the same causes that determine the coma and convulsions in BRIGHT'S disease, the production of the eclampsia of the pregnant female." SCANZONI says, "according to our experience and that of many others, the urine contains a large quantity of albumen in all females attacked with eclampsia. There are also found the characteristic fibrin cylinders, which give rise to the supposition of renal degeneration, as a sequel to which, carbo-

nate of ammonia is produced in the blood. Thus modified, the blood irritates the cerebral parts of the nervous system, and favors the production of convulsions. But we will not go so far as to pretend that eclampsia is never present without albuminuria; we think that in a great number of cases uræmia does not alone suffice to explain all the eclamptic phenomena, and that it is necessary to admit the existence of another cause acting upon the brain or the spine."

Many other authors, especially the American and English, appear to adopt the views held by SCANZONI.

Among the numerous exciting causes have been quoted gastric irritation, as when the sickness of pregnancy has been persistent and distressing. Over distension of the uterus, as when there is an inordinate amount of liquor amnii, or a pleural pregnancy, has also been mentioned as an exciting cause, by HAMILTON and others. Though the lecturer has encountered both the above quoted causes in very many cases, yet he has failed to see them followed by convulsions, and therefore does not believe with so many that they can produce the eclamptic attack without the presence of a more potent and predisposing cause. Cases are mentioned as resulting from fright, injuries, nervous shocks, etc. BEDFORD mentions a case as solely the result of irritation of the bladder, the convulsions being relieved by quieting an attack of strangury induced by the employment of a blister for a pneumonia in a pregnant woman.

The presence of indigestible matters in the stomach and bowels, or their over-distension, have also been regarded as provocative of convulsions, and speedy relief has followed expulsion of the offending substances. Instances have been adduced where the attack seemed to have been due solely to an extreme irritability of the vagina and os uteri.

Primiparas are far more liable to this affection, and among multiparas it is generally found that those attacked have similarly suffered in previous labors.

This affection occurs about once in over 600 pregnancies. The prognosis is grave, death occurring in about one-fourth of the whole number affected. The inception of a convulsion generally seals the fate of the foetus.

CARL BRAUN says as to the symptoms of uræmic eclampsia: "It is distinguished by quick repetition of the fits, and complete insensibility during the fit, as well as generally during the interval. The face and neck appear swollen during a paroxysm; the eyelids are prominent, and open or

closed; the eyeballs exhibit quick rolling motions, in the most different directions, or are fixed in an upward stare; the vessels of the conjunctiva are mostly injected; the mouth is at first widely opened and distended; the tongue is protruded, then trismus follows, in which, if proper care be not taken, the protruded tongue is often bitten through, and hence a bloody foam often flows out of the mouth. In the muscles of the face lively distorting convulsions are observed, whereupon the upper extremities get bent, the trunk is twisted to one side, and then all the extremities are thrown into jerking motion. Respiration often ceases altogether for many seconds. The carotids show strong pulsations, the veins of the neck and face swell on account of stoppage of the blood from muscular spasms. The color of the face is cyanotic; all the muscles of respiration, especially the diaphragm, are in a state of contraction, and in consequence of this, asphyxia may occur. The urine and fæces are involuntarily excreted. Vomiting rarely precedes the first fit. The skin remains dry, or may be covered with perspiration, and its temperature is either increased or diminished. The reflex sensibility is suspended during the fit. The pulse is frequent or slow, the arteries are large or small." Then follows coma, of greater or less continuance, with impeded respiration; at first stertorous, and generally complete unconsciousness and insensibility. The convulsion continues commonly half an hour; rarely longer than one or two hours. Death may be the only termination, though more generally a remission occurs; all the symptoms are mitigated or disappear, though consciousness is rarely completely restored, and when it is, the patient remains in utter ignorance of what has occurred. Now the patient complains of a dull, heavy feeling in the head, sometimes amounting to headache, with great languor, all of which is generally followed by a renewal of the fit. Instances are related of an incredible number of fits in a day, but usually death or recovery follows a few fits. The disease may terminate in either complete recovery, puerperal fever, mania or death.

The above symptoms, it must be remembered, are solely those of uræmic convulsions, and are, in a majority of instances, preceded by certain prodromic symptoms, as a dull headache, confusion of the brain, tinnitus aurium, more or less complete loss or derangement of vision, etc. They may all be present, however, in an exaggerated form, and yet without the sequel of convulsions.

In regard to the treatment proper to be instituted during an attack, the most diametrically opposite methods have been pursued. Until within a comparatively recent period, venesection was regarded as the only remedy proper to be employed from the inception of an attack, until either the patient or the convulsions had succumbed. There still remain those who, while deprecating venesection in nearly every other malady, yet most positively urge its employment as the only means of safety in these convulsive attacks.

Since the discovery of anæsthesia it has been claimed that the inhalation of ether or chloroform is always preferable, and more certain to lead to beneficial results.

Dr. ATKINSON then proceeded to present the views of the prominent authorities of the present day.

BRAUN, of Vienna, considers venesection as not only useless but dangerous, believing it often induces a continuance or renewal of the convulsive attacks. He says "the chief object is to diminish the reflex excitability, weaken the paroxysms and gain time. Chloroform narcotism has given results surpassing all expectations." It should be induced instantly, when indications of a paroxysm are shown, and kept up until quiet sleep follows. When impossible to prevent the paroxysm, the inhalation is not to be kept up, but free air should be allowed to reach the lungs. In sixteen cases treated complete recovery followed. He quotes SIMPSON, CHANNING, SEYFERT, SCANZONI, and a number of others in confirmation of these views.

BEDFORD speaks most guardedly as to venesection, only advising it in cases where the most positive symptoms of plethora are present.

TYLER SMITH says the latest experience is against excessive venesection, and indeed against it at all, except in patients of a full habit, and then only a single venesection at the outset.

CHURCHILL is equally guarded as to bleeding, and strongly favors anæsthetics, and counter-irritants. He regards opium as highly beneficial when the fit continues after delivery, and combines it with nauseating doses of tartar emetic.

SCANZONI counsels free general and local bleeding when the patient is robust, and there is every evidence of cerebral congestion. Also cold affusions to the head and opium internally to the extent of narcotism. He ordinarily gives one-eighth to one-fifth grain of acetate of morphia in an injection of twenty or thirty grs. of

laudanum, repeated every half hour, until the patient sleeps profoundly.

If the attack has occurred prior to delivery, all authorities agree that the accouchement should be terminated, if this be possible, without too much disturbance of the patient. Craniotomy, or even incision of the os uteri when not dilated or dilatable, have been recommended by good authority.

It behooves the attendant to see that the attack is not kept up by a loaded bladder or rectum. Croton oil has been regarded as a potent remedy.

In regard to prophylactic measures—When the symptoms of uræmia make their appearance, CHURCHILL advises brisk purgatives, venesection, or cupping of loins, small doses of tartar emetic or diaphoretics, moderate exercise and a regulated diet. FRERICHS, LITZMAN, BRAUN, counsel the use of acids freely, especially the benzoic (in five to ten grain doses) to neutralize the carbonate of ammonia formed in the blood by the decomposition of the urea.

All agree in recommending good diet, tonics, and the various feruginous preparations, when symptoms of anæmia are present.

Dr. MACLAGAN, of Edinburgh, suggests the administration of colchicum, on account of its power of increasing the amount of urea in the urine. From the experiments of KRAHNER, of Halle, and HAMMOND of our own country, the superiority of colchicum over all other diuretics is abundantly proven.

Dr. ATKINSON, in conclusion, stated, as a summary of the views held by a majority of the best authorities, that true puerperal convulsions are dependent upon the presence of a blood-poison. Blood-letting is only admissible in cases accompanied with plethora, cerebral congestion, etc. Anæsthesia, either by ether or chloroform, gives the best results, and is especially indicated for the relief of the convulsion. Free purgation promptly instituted, materially aids the unloading of the congested brain and medulla oblongata. Diaphoretics and diuretics aid in the same way, and also carry off the poisonous element.

#### Discussion.

The President, Dr. HAMILTON, said that he had met with but three cases of genuine puerperal convulsions (the affection not occurring very often.) Many years ago, while practicing in the country, he encountered his first case. It occurred neither previous to, nor during labor but the day after. The woman had had an easy and rather rapid accouchement. Not arriving

in time to supervise it, everything was done by a neighboring woman. The patient was remarkably robust, of large frame and very muscular, with a strong, excellent pulse. She sustained during labor no sanguinous loss of serious character. The doctor stopped next day to see her. Her sister appeared at the door and, in great alarm, stated that the patient had just had a fit. Fourteen ounces of blood were taken. It was not possible to ascertain certainly whether the convulsion was hysterical or puerperal, but the impression made was that it was of the former character. On his way home the doctor was overtaken, while making another call, by the husband, who desired him to return immediately, saying that his wife had again been seized with a very bad fit. The doctor was assured by a lady, who had been summoned, and arrived just in time to witness the second attack, that it was precisely similar in appearance to a fatal case of puerperal convulsions she had previously seen. Sixteen ounces of blood were taken from the arm. Within twenty minutes she complained of feeling very strangely about the head, and was instantly seized with a third puerperal convulsion. Another vein in the same arm (in addition to reopening the first bled from) was opened, and the bleeding continued until, with the previous blood-lettings, a total of about eighty or ninety ounces of blood was obtained. She had no return of the fit, and no unpleasant symptom afterward.

In the last case seen, the convulsions happened before the delivery of the child. It was a first confinement, and a severe and protracted labor. The suffering of the young woman, who was slender and rather delicate, was great, but not more so than is frequently seen. She had four or five convulsions, which were violent, but not of such extreme force as in the case alluded to in the country. Bleeding was not resorted to in this instance. Relief was sought for in the delivery of the child. The labor was hastened, and with the expulsion of the child the convulsions ceased.

These two cases are very unlike, and the treatment should also be dissimilar. In the first, the convulsions occurred in a stout healthy woman, twenty-four hours after confinement. The indication seemed to be to remove the great apparent pressure upon the brain; and for this purpose bleeding was resorted to. In the latter case, there was nothing demanding this procedure. The woman was not robust and had habitually a rather weak pulse. The convulsions seemed to be caused by reflex action, from

the pressure of the head of the child on the nerves of the pelvis. The indication, therefore, was to get rid of this pressure by delivery, and in the mean time to use something of a calming character, as chloroform and moderate doses of morphia. No intelligent physician would treat such cases of puerperal convulsion in a similar manner, dissimilar as they were, in reference to the circumstances under which they occurred, or, as regards the constitution of the patients.

Dr. LAURENCE TURNBULL stated that he had had three cases of this affection in his own practice, and had seen one in consultation. The first was that of a stout, robust, colored woman, in her first labor. Just as the head of the child was about extruding, she passed into a convulsive state, in which she remained for about an hour or so. A vein was opened in her arm, and she was bled to the extent of thirty-two ounces. The bleeding moderated the convulsion. Labor ceased for a time, but after a while set in again, and she was delivered. Then the convulsion returned, but in a milder form. She was cupped freely, and her bowels opened by a stimulating injection. She made a good recovery.

The second case was in the person of a little, delicate French woman in her first labor. The labor had made scarcely any progress, there was no dilatation of the os, but she was in active, convulsive movement all the time. She did not look as if she could bear bleeding. Leeches were applied, and the colpeurynter of CARL BRAUN used, filling it up gradually; but each time it was extended, there was an increase in the convulsive movements. This process of dilatation was kept up for nearly twelve hours, the convulsive movements continuing more or less forcibly all the time. It was not until the following day that she was delivered of a dead foetus, and it was only then that the convulsive movements ceased. She made a very slow recovery. It was a long time before she was able to be about.

The third case occurred in the wife of a dentist. She was not very strong; had been a school teacher. During her pregnancy she suffered much from the irritant character of her urine. Efforts were made to correct this by the use of aperients and bland diuretics. Three months before labor should have set in, she was taken with a convulsion, and although every attempt was made to remove the foetus, which was of large size, she died of apoplectic effusion, for the seizure in this instance resembled true apoplexy.

The fourth was seen in consultation. Convulsions set in previous to delivery, and continued

afterward. Chloroform, ether, cupping, and leeching, were employed without success. She died in one of the paroxysms.

Thus two cases, out of the four, resulted fatally.

Dr. BURNS stated that in his attendance upon nearly three thousand cases of labor in the last thirty years, he had met with at least twenty cases of puerperal convulsions. From his first encounter with this affection until the present moment, his main dependence, his sheet-anchor, has been the lancet. It has been invariably in his pocket, and it may be safely said, that numbers of lives have been saved by its use. When a lady is approaching her last period of pregnancy with the venous system congested, with every organ compacted with blood, no remedy can be so safely employed as blood-letting. No time is to be lost by the use of other remedies, when death is staring the patient in the face. When he has found the large vessels fully engorged, the jugular veins distended, the conjunctivæ injected, and the uterus and vagina cold, he has bled in every case, sometimes profusely, and has never regretted it in a single instance. Under such circumstances it has been impossible for him conscientiously to withhold the lancet. In some cases, in the last stages of labor, delivery by the forceps or hand, has been resorted to, in which cases, the convulsions generally, though not always, ceased after delivery. Where the female is weak and anæmic, where the vital powers are slight, the lancet has not been thought of until there was evidence of such severe congestion of the brain as to render its use imperative. But where there is a reasonable degree of plethora, the lancet should be unhesitatingly employed. When convulsions occur after the birth of the child, there is seldom any reason for alarm, as the *causa morbi* has been removed.

About six weeks ago, Dr. BURNS attended a case of labor in a woman whom he had delivered in her prior confinement. As she had had convulsions in her previous labor, and had been for a long while in an anæmic condition, associated with a disordered state of the urine, he watched her carefully during parturition, frequently interrogating her as to dimness of vision, buzzing of ears, etc. Everything went on favorably until after the delivery of the child. Scarcely had it been disposed of before a convulsion occurred. This occasioned no alarm however. Neither blood-letting nor leeching was employed. Ether was freely administered, inducing a quiet sleep for half an hour, from which she awoke feeling well.

Although there may be some cases sufficiently mild to bear other treatment, in well developed severe puerperal convulsions, the lancet should not be withheld.

Dr. NEBINGER said that he had seen only a few cases of puerperal convulsions, and of that few had lost some.

The first case he was called to was in the person of a very delicate lady of tuberculous habit. She had reached her eighth month of gestation. It was in the summer season. He had seen her but a few days before for some slight ailment, and had then given her very special directions in regard to her mode of life, particularly her diet, which unfortunately were lost upon her. On a Sunday she ate heartily of a late dinner, consisting in part of corn and of water-melon. About two o'clock in the morning he was sent for, and found her in a convulsion, which was said to have been the third one. She was bled to the extent of about twenty ounces. The bleeding had the effect apparently of modifying the convulsions, for those which followed were of shorter duration and less violent. One convulsion, however, followed another, notwithstanding other means were had recourse to. She had before his visit vomited a large quantity of undigested food. An emetic was, however, administered. She was also cupped, and the cupping certainly modified the convulsions, increasing the interval between them. At the suggestion of the consulting physician, means were taken to bring on labor. A dead fetus was removed, but the case went on from bad to worse, until finally death closed the scene.

The next case he encountered was that of a lady in her first labor, apparently in good health. She complained during the labor of headache, sharp pain darting with violence through the brain. The expulsive pains had been in existence for perhaps half an hour, when suddenly, just as a pain was developing, she gave a terrible scream. The first impression, seeing the swollen condition of the neck and the purple lips, was to bleed, to save her head from rack and ruin. Her arm was quickly prepared, and she was bled freely. While the bleeding was in progress, the forceps were sent for, and by the time it was completed they were in the room. They were applied, notwithstanding that the head was still encircled by the os uteri. She was delivered of a living child, and had no return of her convulsions.

Almost an analogous case, in some of its aspects, occurred in the hands of another physician, a gentleman holding a professorial chair.

The patient was in her first labor. Dr. NEBINGER was sent for by the attending physician, to assist him in the management of the case. Directly after his arrival, it was early in the morning, the lady had a convulsion. She had had four or five anterior to that time. As soon as the convulsion was over, an examination per vaginam was made, and the head was found involved in the os uteri. A doubt had existed in regard to the propriety of bleeding, from the fact that the lady was very delicate in her conformation and in feeble health, having suffered considerably during the entire period of her pregnancy. Dr. NEBINGER counselled blood-letting, and a vein was opened. She was bled freely; taking into consideration her constitutional vigor. One convulsion followed the bleeding, and that, it was observed, came on with a pain. This was regarded as an important indication. Another examination indicated that the head was still involved in the uterus, and again hesitancy was felt in regard to introducing the forceps, because of the teaching of a gentleman of great distinction, that the forceps should never be applied inside the uterus. A little reasoning forced the conclusion that this teaching must be disregarded. The forceps were applied by the attending physician, and the child delivered. There was no return of the convulsions. The patient survived; the babe was dead.

A little more than a year ago, Dr. NEBINGER was in attendance upon a pregnant lady, who had marked general edema. Unfortunately he was not apprized of her condition until late. Treatment was then commenced, and the effusion of water considerably reduced. Still edema was present. When seen in the afternoon at four o'clock she was sitting up, suffering from slight labor pains. It was her full term. She complained of headache, which was not, however, very decided. About eight o'clock the husband came to Dr. N.'s office, and his anxious face showed there was trouble at home. The nurse, he stated, said his wife had convulsions. On entering the lady's chamber he found her lying on the floor. She was immediately after his arrival seized with a terrific convulsion, which seemed as if it would be her last. The jugulars were distended, the lips cyanosed, and the face discolored. She was placed on the bed; a vein was opened, and about twenty-five ounces of blood taken. She had one convulsion after the bleeding, but it was very much lighter. The membranes had been ruptured, and the os uteri was well dilated, but still encircled the head. The forceps were applied, and she was deliv-

ered of a living child. She made a good recovery.

Dr. NEBINGER stated that it was not necessary to give a history of all his cases. The treatment of those given, was the treatment relied upon by him under similar circumstances. The Doctor said a case of puerperal convulsions presents to him the following indications, viz., relief of the brain, and relief of the uterus. Any one who is convinced that the suffering incident to the contraction of the uterus, has something, perhaps much to do as an element in renewing the convulsions after the attack has set in, will see plainly, that it is his duty to remove the contents of the uterus as speedily as possible, and thus get rid of that exciting element. Observe the patient writhing in a convulsion, mark the distended condition of the jugulars, see the leaden hue of the face and the cyanosed condition of the lips, diverge the eyelids, and notice the congestion of the conjunctivæ. Is it not possible, is it not more than possible, even probable, that the meninges of the brain, and the brain itself, would, if it were possible to lay the parts bare and observe them, present precisely the same condition of congestion as is seen in the face, lips and eyes? And would not this condition itself implore a prompt and decided relief of the congestion? How and when should this relief be afforded? Certainly we should not delay until the brain had been teased and tormented for hours in this manner. Not only should the relief be prompt, but also decided, and a sufficient amount of blood removed to prevent any damage being done by the congestion existing during a convulsion. What harm can come from a reasonable bleeding? Does any one know of a patient, who had puerperal convulsions, dying from exhaustion produced by such bleeding?

Bleeding having been resorted to for the relief of the congestion, what is to be done next? There are other modes of relieving congestion besides bleeding. Act freely and positively upon the alimentary canal; encourage as much as possible, free and abundant circulation to that portion of the body; use it as a means of depletion. For this purpose active cathartics should be employed, as croton-oil in large doses, from three to four drops. This article not only evacuates the bowels of their contents, but sets up an exosmotic action, by which the watery portion is removed from the blood, and circulation equalized. The convulsion over, repose and rest will be indicated. Opium will also be of service. Its value has been endorsed by a majority of

those who have written upon puerperal convulsions.

Dr. N. said, a close and analytic study of puerperal convulsions at the bedside, forced the conviction upon him, that the strongly-marked indications for treatment were always, full and decided general depletion followed sometimes by local depletion, with cups applied to the base of the occiput; active purgation with croton oil; the ice cap; the delivery of the child at the first opportune moment; and the employment of opium after the convulsions have been controlled.

## EDITORIAL DEPARTMENT.

### Periscope.

**Carbolic Acid in the Treatment of Warts, Pityriasis Versicolor, and Favus.**

Dr. P. W. H. JONES, of Liverpool, writes to the *London Lancet*:—"Some months since, I treated, with a strong spirituous solution of the acid, a considerable crop of these growths on the head of a patient of mine with the most marked success. I have likewise found it eminently curative in the treatment of favus, pityriasis versicolor, and chronic vomiting, in which the presence of sarcinæ was detected, and in several other diseases having a cryptogamic origin.

"During my sojourn in Paris in the year 1865, carbolic, or, as it was then named, phenic acid, was extensively employed by several of the most eminent physicians in that city, in the form of inhalation, in the treatment of phthisis and chronic bronchitis, under the belief that the above diseases, if not caused, were certainly aggravated by the presence of one or other of the many parasites to which the human body is liable, as would appear from the recent investigations of the many able men who have directed their attention to the parasitic origin of disease.

"From the experience I have had with carbolic acid as a remedial agent, I am inclined to estimate it as holding a very high position in our materia medica."

### Pyrethrum for Scabies.

The *Pacific Med. and Surg. Journal* says:—"Flea powder" is composed of the flowers and leaves of *Pyrethrum Roseum* and probably of *P. Carnosum*, very finely powdered. It is not commonly fatal to insects, but appears to annoy and stupefy them. If the article be recent and properly prepared, it is decidedly efficacious. When scattered in the track of ants, it is said to drive them away with certainty. A druggist of this city informs us that he keeps his store almost

entirely free from flies by dusting it occasionally on the wall and windows, in places where they are accustomed to alight. The insects disappear when they get the powder in contact with their bodies. It is said that when burnt in small quantities in a chamber infected with mosquitoes, it destroys them or drives them away. A tincture of the plant, made with dilute alcohol, is recommended as a cure for scabies. The application is said to give prompt relief from itching.

### Case of Early Pregnancy.

Dr. HORWITZ was called to a pregnant girl who had scarcely reached her twelfth year, and of whose age there could be no doubt. The menses first appeared during her tenth year, and continued regularly. She went through her pregnancy very comfortably. The pelvis was well formed and capacious. The labor proceeded very favorably, and terminated in ten hours with the birth of a strong living male child. She went on very well, and had a plentiful secretion of milk. References are given to other remarkable cases of the kind on record.—*St. Petersburg Med. Zeitschrift*, 1867, No. 9.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Juvenile Literature of a periodical kind seems to have obtained a wonderful popularity, since TUCKER & FIELDS, of Boston, flung to the breeze the banner of "*Our Young Folks*." The immense circulation attained by that excellent monthly, and afterwards by its worthy rivals in excellence, the *Riverside Magazine*, the *Children's Hour*, and the *Little Corporal*, has stimulated other parties to enter the field. We have before us the Prospectus of a new enterprise of the kind, to be edited by Capt. MAYNE REID, and published by CARLETON, of New York. Its title is "*Onward*." We trust it will be so, and that it will carry to our homes, not light, trashy literature, but such as will tend to better prepare the little readers for the battle of this life, and to point out to them the path which leads to that which is to come. The Prospectus opens thus bravely:—"ONWARD' along the track of civilization—on toward goodness and glory—a finger-point, pointing to all that is worthy of attainment—a guide to conduct the youth of America along that path leading to the highest and noblest manhood: such is the design of MAYNE REID'S Magazine."

Dr. J. F. WILSON, of this city, has recently published a translation of an article by Prof. Dr.

ARLT, of Vienna, from *Der Bericht ueber die Augen Klinik*, on Retinitis Nyctalopia. (LINDSAY & BLAKISTON, pp. 23.) It is an admirable summary of the symptoms, diagnosis, and treatment of this disease, which it seems to us is more common in this country than it appears to be in Austria. At least in the army it was certainly not very rare, and did not seem to require the persistent treatment here recommended.

Among recent French medical works of interest are Dr. J. JEANNEL's "On Prostitution in large cities in the nineteenth century, and the extinction of venereal diseases, general questions of hygiene, public morality and legality, international preventive measures, reforms to be introduced into the sanitary service," etc. Dr. BERGERET's "De l'Urine," practical, physiological, and microscopic chemistry, or nosological, pathological, and therapeutical indications furnished by urines; and Dr. X. GALEZOWSKI's *Diagnostication of Diseases of the Eye*, by "la Chromatoscopie Retinienne," with 31 figs., a chromatic scale containing 44 shades, and 5 typographical scales, in black and in colors.

The Transactions of the American Medical Association. Vol. XIX. Philadelphia, 1868. 1 vol., 8vo., cloth, pp. 497.

About three hundred pages of this volume are taken up with the minutes of the last meeting, the Reports of Committees, the code of ethics, the plan of organization, and the very excellent address of the President. The remaining two hundred pages are about equally divided between reports on climatology and epidemics, and original articles. The former embrace the territories of West Virginia, by Dr. E. A. HILDRETH; the District of Columbia, by Dr. T. ANTISELL; Texas, by Dr. T. J. HEARD, and Pennsylvania, by Dr. D. F. CONDIE. Dr. J. O. PETERS adds an instructive article on the conveyance of cholera from Hindoostan to America, illustrated by a number of maps; and Dr. THOMAS offers a series of plans for the collection and statistical arrangement of facts in regard to climatological and sanitary conditions of the various States.

Of the original articles Dr. LEWIS A. SAYRE's report on the treatment of club-foot, without tenotomy, by means of india rubber tubing; and that of Dr. J. N. QUINCY, on the treatment of congenital talipes by adhesive straps, are among the most valuable. Dr. L. ELSBERG contributes the notes of some successful cases of syphilis treated by hypodermic injections. Dr. GUARDON BUCK explains, with illustrations, a new method of re-constructing the lower lip after its removal

for disease; and Dr. P. F. EVE a safe and effectual operation for the radical cure of varicocele. Dr. C. C. COX furnishes a very complete report on American medical neerology, which will have a permanent value for the medical historian.

Such is a general view of the contents of the volume. There are no "Prize Essays" this year, the Committee on that branch having made such brilliant selections last year, that the present Committee, we presume, were in despair of finding any to compete with them, and therefore rejected all that were sent in.

There are some other reflections which occur to us. Turning over the leaves this phrase met our eye, (p. 124), "The active working condition of the profession in a locality, can be judged of by the state of vigor of the medical Societies." Let us apply this test, and see in what state of vigor the American Medical Association is. The chairman of the Committee on the rank and regulations of the medical staff of the U. S. Navy—a most important topic—only learned of his appointment *by accident* a short time before the meeting, and may be presumed, therefore, to have done less than he otherwise would. Only one of the Committee on Medical Ethics signs his name to the report, the others, for various reasons, not appearing. The Committee on Prize Essays received none worth recommending. The Committee on Medical Education informs us that "the status of medical education has made no advancement commensurate with the imperative demands of the case." The Reports of the Sections on Chemistry, Materia Medica, Practice of Medicine and Obstetrics, and Psychology, each occupy less than a page. The Report on Insanity is written by the chairman alone. Dr. HILDRETH states that in preparing his report on the Climatology, etc., of West Virginia, only two or three physicians in the State lent him any assistance, though numbers were applied to; and Dr. CONDIE complains of the inefficient organization, and the "incomplete and superficial reports of the medical Societies of Pennsylvania."

On the whole, the XIXth volume of the Transactions does not seem to indicate any remarkable vigor in the Association, nor any great amount of interest in medical science at large in the land. We console ourselves with the belief that it is not a fair exponent of the profession in America in this respect, however it may be in others. Were it to occupy its sessions more earnestly with some of the more important questions which agitate the profession, it would be more representative than it now is.

## Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 21, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### DRUGGISTS' MISTAKES.

This city was recently greatly excited by the death of a lady under most painful circumstances. She had been suffering from slight nervous attacks, for which she had been accustomed to take pills containing each two grains of *assafoetida*. On the third inst., she sent the box to the apothecary to have it filled. A young man was in attendance who turned to the file—for the prescription had not apparently been entered in a prescription book—and instead of *assafoet.* read *atrop.*, and entirely ignorant that this was a most dangerous poison, put up the two grains to a pill.

Of course the lady died a short time after taking the first dose, in spite of the assiduous and prompt attentions of several physicians.\* Such a terrible mistake could not but attract general attention, and many severe animadversions on physicians and druggists appeared in the daily papers, some wise and some anything but wise.

Of the latter class were the observations of a small penny sheet, which found the root of the evil in the custom of writing prescriptions in Latin:—"for a time, at least," says his oracular authority, "people are likely to insist that their physicians shall write prescriptions in legible English, instead of illegible 'dog' Latin."

\* We made inquiries, but could not learn that morphine had been used, either per os or hypodermically. This omission—if it was omitted—is utterly inexplicable to us. The antagonism of the two alkaloids is so well known, that it is hard to imagine an excuse for the non-administration of one of them, when it is known that an overdose of the other has been taken.

And then it illustrates how thoroughly it is posted in this "dog Latin" by the following remarkable example of what a physician will prescribe when nothing ails his patient:

R. Aque fortis, ℥j.  
Mur. sodium, grs. v.

"You take this to the apothecary. It is in the plain vernacular an ounce of water and five grains of common salt. The druggist charges a quarter of a dollar for it."

Very much more judicious was an editorial in the *Public Ledger* on the subject, and the suggestions it contained are worth repeating. It recognized first that all "articles used as medical agents or remedies have technical names, generally Latin; second, in writing prescriptions to be compounded of these articles, it is the custom to abbreviate these technical terms; third, it is the habit of many doctors to write these abbreviated Latin terms in a hurry, and with but little attention to their legibility. With respect to the first of these points, all well-informed people are aware that the technical or Latin terms are used for the sake of ensuring uniformity—that the same remedy shall have the same name everywhere, and thus avoid the dangers of a confusion of names. They understand, also, that there is a further reason for it, in the fact that many of the most effective modern remedies are purely chemical combinations that have no common or ordinary names, and must be described by their technical names. It must be acknowledged, therefore, that there is great difficulty in making a popular reform in this branch of the subject, but there is no difficulty in the way of reform as to the other two points, nor are there any concerning others to be presently mentioned. The doctors and the apothecaries owe it not less to themselves than they do to the people, who are the aggregate of their patients and customers, to insist upon a reform of the whole practice of writing abbreviations of the technical names of their remedies, and of sending off their prescriptions in scrawls that are almost illegible, and that would be difficult to read even if the words were spelled out in full and in common English."

But even if they were acted on, these safeguards would not be efficient. There is one and only one way to meet the difficulty, and that is by passing and enforcing a law prohibiting any one to dispense drugs who has not a thorough pharmaceutical education. In France, Germany, England and Russia, this is the case, and mistakes are extremely rare. But so long as ignorant boys are left in charge of prescription-counters, and anybody can sell without let or hindrance the perilous stuff which kills

"As violently as hasty powder fir'd  
Doth hurry from the fatal cannon's womb,"

we may expect such frightful occurrences. Centuries ago, they knew better than to hold human life so cheap. What does the apothecary say to ROMEO, when the latter asks for a drachm of poison:—

"Such mortal drugs I have; but Mantua's law  
Is death to any he that utters them."

And it were easy to bring better historical authority, if it were worth while.

But there is another phase of this business, not less disagreeable. These accidents create and foster a strong prejudice against the regular practice. Infinitesimal doses, if they do no good, at least do no harm, say the public, and if we are to run the risk of being poisoned by the druggist, we will try the "new school." We do not doubt that this accident in Philadelphia has induced hundreds of persons to try the useless nostrums of homœopathy.

Therefore physicians are more deeply interested than others in avoiding such accidents, and should act not only as individuals but as a body to do away with incompetent druggists. It is one of many topics that the American Medical Association might profitably discuss.

— Mr. THOMAS W. OLCOTT has purchased a dwelling-house and presented it to the City Hospital in Albany. The building is a three-story structure, handsomely finished in modern style. Mr. Olcott paid \$10,000 for the property.

[**100** Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

## News and Miscellany.

### An American Lady Medical Student in Paris.

Miss PUTNAM, who has lately been admitted to her first medical examination in Paris, is a daughter of the head of the well-known publishing house of PUTNAM & SON, New York. She went abroad almost without letters, determining, as she expressed it, to stand only on her own feet. Her steady demeanor interested at once persons of influence. While she worked on, utterly innocent that her quiet walk was the theme of observation, the wife of the Minister of Public Instruction watched her narrowly. When the proper time came, this lady asked her husband to open the gates of the University to this one student by the exercise of his authority. It was quite uncertain whether more could be done. Her bearing and success have thrown them open to all women.

Miss PUTNAM has written some excellent letters on medical topics to American journals since she has been abroad.

### East Indian Opium.

At Patna is one of the two great opium factories of India. It is the greater of the two, and may, therefore, be safely styled the largest poisoning agency in the world. The establishment faces the river Ganges, whose bed is here four miles across—at this season a desert of caked mud, with the river far away on the other side of the waste. The opium is shipped to Calcutta in a steamer, and it is a good instance of the fickleness of Indian rivers—those plagues of engineers—that last year, and for many years before, the sacred stream ran so close to Patna, that wharves were erected from which the chests could be put right on the steamers, and where the timber wherewith to make the next year's chests could be landed. This year the chests have to be carried a mile or so before being shipped.

This opium-packing for 1867 was just over at Christmas, and nearly 30,000 chests of China opium had been sent down to Calcutta, worth about £4,000,000. Each chest contains 40 cakes—the dark, sticky stuff, ingeniously inclosed in a coating of dried poppy-leaves, so that each cake (weighing about two pounds) presents the appearance of a Dutch cheese or a cannon-ball. It has given rise to the saying that in war the British gave the Chinese cannon-balls of iron, and in peace cannon-balls of opium, thus giving them the choice of being shot or poisoned, and making them pay sharply for either attention.

In return for this, they feed us with tea and clothe us in silk, which seems to show a truly celestial spirit.—*Sci. Amer.*

— **LIEBIG**, the chemist, complains that stupid people are forever pestering him with letters, asking questions of the most extraordinary silly nature, such as they might answer for themselves by consulting any elementary text-book. They come at the rate of two or three hundred a day, and in eight or ten different languages.

— In a late discussion before the British Association for the Advancement of Knowledge, several physicians warmly advocated the opinion that the faculty of articulate language resides in the third frontal convolution of the left side of the brain.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

**MARRIED.**

**AUKENEY-STODDARD.**—On the 5th inst., at the residence of the bride's parents, by the Rev. John Crozier, assisted by Rev. Chas. Raymond, Albert Aukenev, of Alpha, and Alice M., daughter Dr. O. N. Stoddard of Oxford, Ohio.

CLARK-HENSZEY.—At the residence of the bride's parents, on the 12th inst., by the Rev. Charles D. Cooper, Leonard S. Clark, M. D., and Maggie A. Henszey, daughter of William C. Henszey, Esq., all of Philadelphia.

**HANSEL—MARTIN.**—On the 11th inst., at the Church of the Atonement, by Rev. E. N. Potter, S. R. Hansell, of this city, and Jennie E., daughter of Dr. F. A. Martin, of Bethlehem, Pa.

**MILLER-WILSON.**—November 5th, by Rev. F. W. Brauns, Dr. B. F. Miller and E. Belle Wilson, daughter of the late James Wilson, all of Cincinnati, O.

**MUSSER—MUSSELMAN.**—October 27th, by the Rev. H. E. Spady, at Wheatland Mills, Pa., J. H. Musser, M. D., and Miss Leida A., daughter of John Musselman.

**TOWNE—LEWIS.**—In Townsend, Massachusetts, October 22, by Rev. A. H. Howard, Charles J. Towne, M. D., and Miss Nancie J. Lewis, both of Townsend.

**WEIGHTMAN-D'INVILLIER.**—On the 18th inst., at the residence of the bride's mother, by the Rev. J. H. Kunkelman, Dr. William Weightman and Sabine, eldest daughter of the late Charles D'Invillier, all of Philadelphia.

**WELLING-DICK.**—November 5th, at Belvidere, N. J., by the Rev. Henry A. Osborn, Professor in Lafayette College, Dr. Edward L. Welling, of Pennington, N. J., and Miss Alice R. Dick, niece of Gen. Robert McAllister.

**DIED.**

**BOWERS.**—At Billerica, Mass., after a long and painful illness, Joseph Bowers, M. D.

**PARSONS.**—In New York, on Monday, November 9, Esakiel W. Parsons, M. D., of Colchester, Conn., aged 83 years.

## OBITUARY.

—  
Antoine Clot-Bey.

An eminent physician, died lately at Marseilles, aged 73. He was induced to visit Egypt many years ago by an agent of Mehemet-Ali, for the purpose of organizing some medical establishments there. He also founded a medical school at Alexandria, and was chief agent in the erection of Abou-Zabel's Hospital, twelve miles from Cairo. He received the title of Bey from the Egyptian Government, and by that of France he was made a Commander of the Legion of Honor.

[An interesting sketch of Dr. Clor from the *Med. Times and Gazette*, will appear in our next.]

## WORDS OF CHEER.

Under this caption we propose from time to time, to give brief extracts from our correspondence, showing the appreciation in which the publications of this office are held by the profession in different sections of the country.

An Indiana correspondent says:—

"I take much interest in medical journals, and have been examining about thirty, trying to find one that will keep me thoroughly posted in the *medical news* of the United States, giving an account of all new journals, colleges, etc.—in short, a history of all medical subjects and men worthy of note. I believe the MEDICAL AND SURGICAL REPORTER comes nearest my idea."

To the suggestion to make the "News and Miscellany" column a little more "newsy"—we reply that we have measures on foot that will bring every section of the country into closer correspondence with us, and thus give us the material for the purpose.

An Ohio correspondent says:—"Do not fail to send the COMPENDIUM for the next and every succeeding year while published. It is the best book I've got"—and that is saying a good deal, for we know the writer is not slow to supply himself with the current medical literature of the day.

## ANSWERS TO CORRESPONDENTS.

### Cramp of the Sole of the Foot.

In your issue of November 7th, Dr. ——— of New Jersey, inquires for a remedy in a case of cramp of the sole of the foot. Should he find other remedies unavailing, I would suggest the use of two grain doses of carb. ammonia three times per day. Unless those cramps depend upon organic disease of a nerve distributed to the part, I have reason to believe that the remedy above suggested will, if persisted in a few weeks, very much relieve, if not entirely cure the affection.

Try it, Doctor, and be kind enough to report result. I shall not now state the grounds upon which I make this suggestion, for the reason that they may not be considered orthodox. Should it prove beneficial, in the case, I shall assign the reason why, if requested to do so. E.

Reading, Pa.

We have to inform various correspondents that there are two articles of merchandise which we cannot furnish—*Diplomas and dead subjects*. The laws of this commonwealth interfere with trade in these useful items, and however unjust these laws may appear to some, we are bound to submit.

*Dr. W. B. of O.*—"A young physician has considerable leisure aside from business; how shall he put in the time? If he has a passion for games, such as checkers, chess and billiards, would it be derogatory to his professional character to indulge in these amusements?"

We suggest that he put in his time in studying his profession; after he has thoroughly mastered it, if he has time and inclination, and is not too old, he can take to billiards, etc., without derogation. HIPPOCRATES remarked that life is too short to learn the long art of healing. Is it not as true to-day in Ohio as it was 2500 years ago in Cos?

## METEOROLOGY.

<b>November,</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>
<b>Wind.....</b>	N.W.	N.W.	W.	W.	W.	N.E.	N.W.
<b>Weather....</b>	C'd'y.	Clear.	Clear.	O'ly. Rain.	Clear.	C'd'y.	Clear.
<b>Depth Rain-</b>				1-10			
<b>Thermometer.</b>							
<b>Minimum</b>	34°	29°	35°	43°	36°	32°	35°
<b>At 5 A.M..</b>	42	36	44	49	45	41	48
<b>At 12 M..</b>	43	41	56	.57	50	46	59
<b>At 3 P.M..</b>	42	41	50	56	49	45	61
<b>Mean</b>	40.25	37.	48.50	51.25	42.50	41.	50.75
<b>Brometer.</b>							
<b>At 12 N..</b>	29.9	29.8	29.8	29.7	30.1	30.3	30.1

**Germantown, Pa.**                  **B. J. LEBOW.**